

## What does this appropriation support?

It provides payment for dental services for fee for service Medicaid/MC+ recipients.

Dental services are typically those diagnostic, preventative and corrective procedures provided by a licensed dentist or dental hygienist performing within his/her scope of practice. The dentist must be enrolled in the Missouri Medicaid program. Generally, dental services include: treatment of the teeth and associated structure of the oral cavity; preparation, fitting and repair of dentures and associated appliances; and treatment of disease, injury or impairments that affect the general oral health of a recipient.

## What is its statutory authority?

State statutes: RSMo. 208.152, 208.166; Federal law: Social Security Act Section 1905(a)(10); Federal regulation: 42 CFR 440.100

## Is this a federally mandated program?

No for adults. Yes for children.

## Are there federal matching requirements?

States can earn the federal medical assistance percentage (FMAP) on Medicaid program expenditures. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the actual FMAP each year. The FMAP is calculated using economic indicators from states and the nation as a whole. Generally, Missouri's FMAP for FY-2007 is a blended 61.68% federal match. The state matching requirement is 38.32%.

## What are the expenditures?

	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Planned
GR	\$4,252,725	\$2,693,467	\$12,193,775	\$2,934,135
FEDERAL	\$8,147,641	\$5,750,170	\$20,078,940	\$6,355,215
OTHER	\$919,935	\$917,800	\$917,800	\$917,800
<b>TOTAL</b>	<b>\$13,320,301</b>	<b>\$9,361,437</b>	<b>\$33,190,515</b>	<b>\$10,207,150</b>

Note: FY-2003 and FY-2004 appropriation was cut to eliminate adult dental services. Services were restored and payments for adult dental were paid from the Medicaid supplemental pool.

## What are the sources of other funds?

Health Initiatives Fund and Healthy Families Trust Fund-Health Care Account

## Who is eligible?

Dental services are available to all Medicaid eligibles\*. Limited benefits are available for Qualified Medicare Beneficiaries (QMBs) and 1115 Waiver Adults. In the regions of the state where MC+ managed care has been implemented, child enrollees have dental services available through the MC+ managed care health plans.

## How many people have been served?

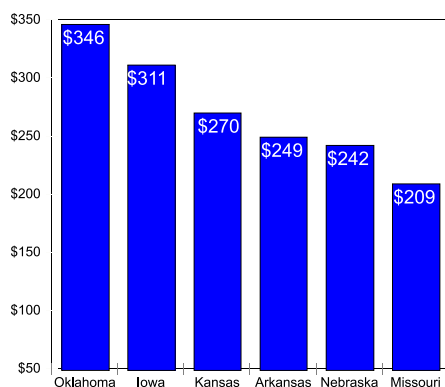
Users of Dental Services Average/Month			Average Units/Service** Average/Month		
	Actual	Projected		Actual	Projected
2003	10,183	N/A	2003	3.87	N/A
2004	13,496	11,284	2004	3.88	4.19
2005	16,039	15,624	2005	4.07	4.50
2006		7,293*	2006		4.15
2007		3,706	2007		4.24
2008		3,780	2008		4.33

\*Effective September 1, 2005, dental services are available only to children, pregnant women, the blind, and nursing facility residents. Dental services are available to other adults if the dental care is related to trauma or a disease/medical condition.

\*\*Represents units of service not trips to the dentist.

## Efficiency and Effectiveness Measures:

Dental Medicaid/MC+ Expenditures Per Recipient (FFY-2001)



\*Based on Center for Medicare and Medicaid FFY-2001 expenditures

Missouri Medicaid Dental Average Cost/Service		
	Actual	Projected
2003	\$44.08	N/A
2004	\$43.43	\$44.20
2005	\$43.45	\$44.14
2006		\$39.87
2007		\$39.07
2008		\$39.46